UMMC School of Dentistry

Department of Dental Hygiene

Verification of Dental Hygienist Observation Form*

This is to certify that _____ observed ____ hours of dental hygiene in practice in partial fulfillment of admissions requirements for the Department of Dental Hygiene, School of Dentistry, University of Mississippi Medical Center.

Comments:

Name of Applicant | Social Security Number

Dental Hygienist | DH License Number

Facility | Date

***Observation hours completed for the current application year. This form may be duplicated if necessary.**

Return completed form to:

Office of Enrollment Management
The University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216-4505